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CONTENTS.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on a Case of Paralysis of the Diaphragm 169
Clinical Lecture on Dysidrosis (an undescribed eruption) 172

HOSPITAL NOTES AND GLEANINGS.

Remarks on Cases of Vertigo, Reeling, and Vomiting, from Ear Disease . . . 175
Treatment of Thoracic Aneurism by Electro-puncture 176

MEDICAL NEWS.

Domestic Intelligence.—Needle Swallowed by a Child—Removed Six Months Afterwards from the Thigh 177
Treatment of Sore Nipples 177
Resection at Hip-joint; Fracture of Femur 178
The Physician's Visiting List 179
Obituary Record 179
Foreign Intelligence.—Deaths from Chloroform 179
On a Case of Syncope following the Inhalation of Chloroform 180
Treatment of Diphtheria 180
Distilled Cherry-laurel Water as a Vehicle for Narcotic Injections 180
Liebig's Extract 181
Treatment and Utilization of Sewage . . . 181
Marini's Anatomical Preparations . . . 183
Obituary Record 183

FOX ON DISEASES OF THE STOMACH, ... 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on a Case of Paralysis of the Diaphragm. By C. HANDFIELD JONES, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital, London.

Case.—E. H., aged 30, servant, was admitted January 14, 1873. He had dark hair, and was of medium height, fairly well made. He had been ill, off and on, seven or eight years. When admitted, he had been ailing two months. He was very subject to headaches. He had had several severe falls, the first six years ago; he was insensible after the last for an hour, not after the previous ones. His father had hæmoptysis, and died four years ago, much emaciated; a sister had no hæmoptysis, but was affected like the father. The patient had had hæmoptysis himself. He was not anæmic. His aspect was distressed. Pulse 80, regular, steady. There was great hyperæsthesia of the surface; a cold hand applied made him start. The apex-beat of the heart was in the fifth left intercostal space, within or at the vertical nipple-line. The area of cardiac dulness was not increased. No *bruits* were heard with the heart's sounds; they were very weak at the midsternum, more distinct at the apex. The rhythm was quite regular. The first sound was of good length at the apex. There was murmur at the xiphoid cartilage. The jugulars were not full. The upper ribs moved considerably, and the whole chest was drawn upwards in in-

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spiration; the lower ribs expanded very little; the abdomen scarcely moved at all. There was good percussion all over the front of the chest. Air entered freely in both lungs in front during deep inspiration. The breath-sounds were rather harsh. Resonance was fairly good throughout the back, and air was heard entering the lungs fairly well. He complained of shortness of breath, of inability to lie down, and of being put out of breath by the least exertion. He had not had an hour's sleep at night for two months; he dozed a little towards morning. He complained very much of aching and shooting pain in the left side, which, as well as the dyspnœa, prevented his sleeping. There was no cough or expectoration, nor any swelling of the legs. He had no appetite, and was thirsty. He was ordered to have simple diet, beef-tea and milk; and to take twenty grains of saccharated carbonate of iron three times a day, and to have ten grains of chloral hydrate at bedtime, to be repeated if necessary. On the 15th, he had slept from 12 to 2 in the night, and again this morning. He was almost free from pain in the left side when visited, but had it badly a short time since. He had much headache and vertigo. He passed urine with difficulty and pain; he said that he had not passed any till to-day since the 12th. The urine was full-coloured, pretty clear, of specific gravity 1.030, not albuminous. Pulse 64; temperature 100°.—January 16th. He slept five hours last night, and felt better. The left side was tender when I percussed over it. There was no movement over the abdomen; the upper ribs played too much. The chloral was repeated, and he was ordered to have the following draught three time a day. ℞. Ammoniæ carbon. gr. iv; ferri ammonio-citratis gr. viij; tincturæ nucis vomicæ ♏x; tincturæ calumbæ ♏x; aquæ ℥j.—January 17th. He had slept very well last night. Tongue clean. He had no pain in the side now at all. Temperature 98.6°.—Jan. 18th. The bowels had been freely opened; much fecal matter being brought away, with much relief. He had a good night without chloral, and felt better than he had done for two or three years.—January 20th. He slept well, and felt much better. The abdomen at the upper part fell in ten divisions of Dr. Sibson's stethometer in deep inspiration.—January 24th. The breathing now was quite normal. The abdomen while he was recumbent rose fully in inspiration, and fell in expiration; this was the case with the upper part, which a few days before fell in during inspiration. The upper ribs moved a little—not more than normal.—February 6th. He had been an out-patient ten or twelve days, and was going on very well. Pulse steady and good, 80. The upper ribs in the recumbent posture moved slightly; the lower more; the abdomen still more. A trace taken January 17th was tolerably normal. The rise was low, and rather sloped; the apex bluntish; the descent long and gradual, with one well marked notch, and several minute ones.

Remarks.—The symptoms in this case were by no means plain to read—at any rate, the first. Subsequently, and chiefly by observation of the effects of remedies, they became more intelligible; and, on retrospect, the pathological story comes out sufficiently clear. The phenomena observed were, of a positive kind, dyspnœa, orthopnœa, incapacity for exertion, insomnia, left-side pain, altered respiratory movements, paresis of the diaphragm; of a negative kind, healthy state of the lungs, heart, and kidneys, and of the vascular system generally. The family history pointed to the probable existence of the tuberculous diathesis in our patient, and his personnel suggested the possibility of traumatic lesion of his brain or cord.

The chief symptom, around which several of the others grouped themselves, was the singular paresis of the diaphragm; and to this, therefore, our attention was specially directed. As a male, he ought to have used his diaphragm very much in breathing; and therefore the inaction of this great muscle was even more significant than it would have been in a female. Such inaction has been observed in empyema and in peritonitis, in advanced cases of progressive muscular atrophy, in sufferers from plumbic toxæmia, and in the hysterical (so called). It has not

been observed, but might be presumed, to exist in cases of fatty degeneration of the diaphragm. A little reflection will enable us, looking back, to exclude all these conditions as being in any way concerned in our patient's trouble. There was no sign of pleurisy, of peritonitis, of lead-poisoning, or of muscular atrophy; while the result excludes, I suppose, the possibility of fatty degeneration. Nevertheless, I must say I had some suspicions for a while that this morbid change might lie at the root of the matter; and these were not entirely dissipated until the efficacy of the remedies was clearly pronounced. Mr. Callender (*Lancet*, 1867, Jan. 12) has recorded six cases of fatty degeneration of the diaphragm, but they were all complicated with a similar state of the heart; and it does not appear that the state of the diaphragm had attracted attention during life, so that we cannot affirm whether it was paralyzed or not.

It remains, therefore, to be considered, whether the symptom in question was a nervous phenomenon—was, in fact, a paralysis of the phrenic nerves. Two possibilities present themselves here—one, that there was actual lesion of the nerve-centres; the other, that the disorder was a paralytic neurosis. The falls which he had undergone—one of them from a great height—might well have injured his cord; but the absence of any paralysis of the limbs or sphincters was an insuperable argument against this view. Had his cord been contused by a fall, the injury could not possibly have been confined to the nerve-cells connected with the phrenic nerve. The second view, therefore, seems the only one admissible. It was corroborated to some extent by the existence of left-side pain, which is extremely common in neurolytic conditions both in males and females, and by the presence also of general hyperæsthesia, and, as it would seem, of spasmodic stricture. The result of treatment was very positive, and leaves no doubt in my mind that no organic lesion existed, and that we had only to deal with a rare variety of neurotic disorder. As I mentioned before that palsy of the diaphragm was met with amongst the hysterical, you will perhaps expect that I should so designate the neurotic paralysis in our case; but I decline to do so, because the patient presented none of the recognized features of hysteria. He had had, so far as we know, no globus, or fits, or aphonia, or dysphagia, or paraplegia. There was no varying or shifting of his troubles from one part to another; no tendency to exaggeration or deception—nothing, in fact, to distinguish him from any *bonâ fide* sufferer. His aspect was distressed, and quite unlike that of some invalids, who assure you with calm countenance that they are suffering "agonies of pain." I pass by the slight difficulty that our patient did not possess a uterus, and so could not legitimately be reckoned an ὑστερικός. Let me strongly advise you to reserve a place in your minds for the idea of functional paralysis, either depending on remote irritation, or on toxæmia, or simple exhaustion; and to abstain from applying loosely the term "hysterical." It were better, I think, laid aside altogether, as it will, I suspect, always carry with it a savour of more or less suspicion that the disorder is not genuine, not physical, but more or less consciously simulated. In very many instances this suspicion is unjust, in others it is well founded.

I regard, then, our patient as having suffered from some cause which does not appear a functional paralysis of the centres belonging to his phrenic nerves. Possibly he has an infirm constitution of his nervous system. The hereditary tendency to tuberculosis which he evidently had may have become converted into this other deterioration. It does not seem very clear why aphonia should be reckoned a necessary symptom of palsy of the diaphragm, as has been somewhat too broadly stated. The diaphragm is not an expiratory muscle; and, if a tolerable amount of air be inspired by the other muscles, sufficient to aërate the blood, it seems probable that quite a sufficient current would traverse the glottis during expiration to produce sounds. In fact, it does not appear that the aphonia is at all complete: the patients can speak, but are sooner or later obliged to desist for

lack of breath. Eulenburg says the voice becomes weak, but phonation itself does not suffer. This was the case in our patient, and seems to have been so in the case which Eulenburg relates. In Bazire's case (*vide British Medical Journal*, 1867, vol. i. p. 597), laryngoscopic examination detected nothing abnormal about the glottis. The vocal cords approximated normally when she uttered a sound. This, however, is scarcely sufficient to prove that the same effort could be maintained for any continuance. It seems rather surprising that disorders of the diaphragm are not more frequent, considering the long course of the phrenic nerves, and their great liability to be pressed on by enlarged glands or indurated exudation-masses in some part of their course. Dr. Bazire well observes that the results obtained by galvanizing (faradizing) the phrenic nerves will at once indicate whether the palsy is due to a structural alteration, or is merely functional. In the latter case, the muscle will contract powerfully when its nerves are stimulated; in the former, it will respond feebly or not at all. Duchenne was the first to show that paralysis of the diaphragm is not of itself fatal, as had previously been thought; but he observes that, though the patient may survive long, his condition is perilous, inasmuch as a slight bronchitis may induce fatal asphyxia.

A remarkable symptom in Duchenne's patient was, that forced inspiratory efforts, instead of satisfying the want of air which she felt, greatly increased her distress. She expressed very well what she felt at such time by saying that her bowels suffocated her by rising up into her chest. In Bazire's case, however, no such sensation was ever felt; nor was it complained of by E. H., nor is it noticed by Eulenburg in the case he relates. In all these patients, the causation was obscure. The last had certainly been chilled, and got a stiff neck nine days before the paralysis came on; but it seems very doubtful whether this had any thing to do with the latter.

In the way of treatment, localized faradization of the phrenic nerves is advised by Duchenne de Boulogne, and proved strikingly effectual in Eulenburg's case; in Bazire's, it failed; in my own, it was not employed, as the tonics and sedative were so speedily successful. Whatever be the cause of the paralysis, faradic stimulation of the muscle and its nerves seems desirable, although other treatment may be varied according to the special features of the case. Even in the advanced stage of progressive muscular atrophy, faradization has proved successful in saving the diaphragm.—*Brit. Med. Journ.*, May 31, 1873.

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Clinical Lecture on Dysidrosis (*an undescribed eruption*). Delivered at University College Hospital, London. By TILBURY FOX, M.D. Lond., F.R.C.P., Physician to the Department of Skin-Diseases.

GENTLEMEN: I am desirous to-day of directing your attention to a disordered condition of the sweat-follicles and the sweat-function which you will not find described in books. In fact, I shall depict to you for the first time a disease of the skin which is, as a rule, diagnosed as eczema, but is a separate and distinct affair. I will, in the first place, read to you the notes of a case which has recently been under our notice amongst the out-patients.

Mrs. E., aged 36, came to the hospital on May 27th with her child, who had ringworm; and she showed on the back of the left hand a patch which had all the appearance of being ringworm. She was ordered some mercurial preparation, and returned on the 30th with the hand in an inflamed state, but the ringworm was well. She then made a remark about herself which led to a closer examination of her case. It appeared that about Christmas she noticed a little itchy pimple at the back of the ring-finger of the left hand, and presently a circle of little bladders developed round about this pimple. The disease was very irritable, and had never really gone away since Christmas. It never increased much until a fortnight ago. The mercurial application seemed to cause its spread. She always noticed a tendency in the eruption to spread, and the hand felt hot and irritable after washing.

The general health is good; but the

woman feels "so very weak that, if she goes to scrub or sweep a floor, she trembles very much, and is obliged to sit down and eat a crust and drink some porter; and then she can get on." If she is much upon her legs, she soon tires, and the legs ache. She often has sick-headache. In the recent cold weather, if she began to work, she "used to get into a great heat, as on a summer's day." After eating, she flushes, and generally feels sick. She is almost always perspiring, and especially of late. Whenever she changes her clothes, even in the coldest weather, she is always very damp. Her feet are always cold. She is suffering from menorrhagia. For the last two years, she has been generally unwell every fortnight, "and very much so for two or three days." She never gets a good night's rest; is "always working, or travelling, or sending up a large dinner, or something of the kind, in her sleep." She often wakes up suddenly in the night, startled, fancying she is jumping or flying, or leaping off heights, etc. She is not hysterical, but is very "nervous." She suffers also from a tight pain round the waist at night; but this appears to be due to flatulence. The bowels are very obstinate indeed.

Present Condition.—Both hands and arms and upper arms are affected—the hand and arm to which no mercurial ointment has been applied, on the left side, equally with those of the other side. There are scattered papules, which, on close examination, are seen to be in reality vesicles; and also very distinct vesicles, of the size of millet-seeds—some of them having a red base, and in some cases being crowded together in little groups, more or less scattered all over the backs and sides of the fingers, and the back and front of the hand, and the whole forearm (back and front), and the arm up to the shoulder, especially its inner aspect. In some cases, the vesicles have run together, so as to form minute bullæ; on pricking these bullæ, a drop of very clear fluid exudes, and it is alkaline. Between the fingers, the cuticle is in some cases raised slightly by a layer of fluid beneath. It is white and macerated, especially at the web of the fingers; and the fluid is faintly acid; it is also offensive. There are no crusts anywhere. On the palmar aspect, there are scattered isolated vesicles about the fingers; and towards their tips a number of minute transparent points, resembling sago-grains, are visible under the skin—some thirty or more. These points are not raised, but are seen through the cuticle, and are clearly sweat-follicles distended by sweat. The front of the forearm appears as if it were the seat of diffused eczema. Over the palm of the hand itself, there are transitional stages between the solitary vesicle and the macerated patch. For example, about the root of the fingers, and extending across the whole palm, is a band, an inch wide, of macerated cuticle, upraised by clear fluid beneath, and looking like a piece of very thin moistened chamois leather of light colour, or wet parchment; and this runs up a certain way along the outer boundary of the hand. Next comes a line of cuticle upraised by clear fluid, and situated nearer the centre of the palm. It is half an inch wide, of transparent aspect, and fluid can be let out from beneath. Next come groups of vesicles; and, lastly, isolated vesicles; and those along the inner side of the little finger are like tapioca-grains. On the right side, at the ends of two of the fingers on their palmar surface, there is an appearance as if there were boiled sago-grains beneath the skin; and this is found to be due to distended sweat-follicles filled with sweat, and seen through the cuticle. If one of these transparent places be pricked, clear fluid oozes away from it. Towards the base of the fingers there are groups of distinct vesicles, themselves separate the one from the other. At the junction of the fingers with the palm of the hand, there are white patches of the size of sixpences on two fingers, formed of uplifted and macerated cuticle. On the forearm, over its front, are scattered vesicles on a red base; and here and there little red points, that look like red papulæ; but these are vesicles whose contents have dried up without rupture of the cell-wall, or abortive vesicles.

Now it is to be observed that there are no crusts; and the fluid contained in the vesicles remains perfectly clear until it

dries away or escapes, when the cuticle shrivels and peels off; or until it macerates in certain places the cuticle.

It is not difficult to trace the stages from one place to another. First, the sweat-follicles are distended, *and are not raised;* but are seen through the cuticle. Then, as the collection of sweat increases, there are distinct vesicles with very transparent contents; these vesicles may run together if the outpouring of sweat continue; and, in cases where the secretion is excessive, very large bullæ indeed may form. Presently the cuticle becomes macerated in some places; and white patches, formed of uplifted cuticle, are produced. In this case, there was a very offensive and sour odour perceptible about the hand or arm.

The patient complained greatly of burning pain about the seat of eruption. She states that she once had the shingles severely and painfully, and that the smarting and burning she feels with the present disease are of the same kind. The eruption has shown a tendency to appear about the face and legs.

Remarks.—If you have followed my description of the case, you will have no difficulty in appreciating the nature of this disease. Its anatomical seat, as seen in the earliest stages of the disease, is clearly the sweat-follicles. The vesicles result from distension of these follicles by sweat, which, on examination, is not found to bear any resemblance to the fluid exuded in inflammation; nor does it contain pus, or give place to crusts. The bullæ are formed by the coalescence of vesicles; the papulæ, by the abortion of vesicles; the white patches of uplifted cuticle, by the maceration of the latter by sweat, which becomes, from the access of air, acrid and sour.

Now, at first sight, this disease looks like an acute eczema; but it is not so, though the acrid sweat may so far irritate as to excite an eczema. Do not forget this. You will have observed that this disease does not begin as a serous catarrh of the papillary layer, as does eczema, but by distension of the sweat-follicles. When there is no sero-purulent discharge about it, the fluid in the vesicles remains quite clear so long as it is confined; and during the whole course of the disease there is no crusting. It is altogether unlike eczema with its sero-purulent discharge, stiffening linen, and drying into thin yellow crusts.

The disease may look like erythema papulatum, but only in so far as there are abortive vesicles present; and these clearly do not constitute the chief feature.

The disease varies greatly in extent and duration; it may happen that one or several successive outbursts of the eruption occur, and the disease may last a week or ten days, or several weeks if there are successive outbursts. The case which I have described is a very marked one. In some cases we have a few little flattened itchy vesicles, about the sides of the fingers, succeeded by a drying up of their contents, and a mere peeling off of the cuticle. In some cases the feet are affected, and then we have between the toes, especially at the junction of the toes with the foot, small white patches, produced by uplifting and maceration of the cuticle by acrid sweat. These cases are confounded with, and always called, eczema. There is oftentimes a great deal of very troublesme itching, especially at night, and patients complain of it bitterly, as it is excessively annoying, and disturbs them from getting a fair night's rest. In other cases we have the whole foot affected, in others coincidently the hands and feet, or the face and arms. I have noticed in gouty subjects, that the disease is intensified in severity, I suppose on account of the irritable character of the blood.

The disease, gentlemen, is not described in books, since it is always regarded as eczema, but I have explained to you that it is wholly unlike eczema. The resemblance is accounted for by the fact, that in both diseases there are vesicles which are crowded together, but the character of the fluid uplifting the cuticle, and its subsequent behaviour, the source of this fluid, the anatomical seat of the disease, are wholly and entirely different. The disease is not the hydroa of Bazin, under which term a host of different things have been classed—urticaria bullosa, erythema papulatum, miliaria, and the like.

Of course, in many diseases, excessive

sweating occurs, as in the case of idrosis, miliaria, and sudamina; but then the sweating is only an accidental feature, and accounted for by the general disturbance; but in this disease, the sweat-disorder is the main and sole disease present. But I have noticed that it always occurs in those who too freely perspire, in those who are depressed, weak, and get quickly exhausted, and in connection with, oftentimes, anomalous nerve-symptoms. The cause of the sudden outpouring of sweat is doubtful. It is, probably, some disturbance of the nerve-influence.

Now as to treatment. It is of no use trying to cure the disease by local measures, though you can moderate the irritation, and inflammation, and prevent the sweat from becoming sour and irritating. The internal remedies are diuretics, with a view to relieve the skin, with large doses of quinia and nux vomica. Locally, I cover up the parts in the acute and early stage, with some simple cerate, with liquor plumbi, rubbed into it, and perhaps carbolic acid, in small quantity. Then, later on, I coat the parts with starch, and calamine powder, and later on prescribe the balsam of Peru, twenty grains to an ounce of lard, with a little white precipitate. Most cases do well. In the simple instance of the disease you give the quinia internally, with arsenic if you like, and diuretics if need be, and locally protect the parts with calamine lotion.

I have termed the disease dysidrosis, because nature seems to have a difficulty in getting rid of the secreted sweat, which remains to distend the follicles, and to macerate the tissues. The disease is nothing more than retention of sweat and its results. Dysidrosis bears the same relation to the sweat-glands that acne does to the sebaceous glands. — *Brit. Med. Journ.*, Sept. 27, 1873.

HOSPITAL NOTES AND GLEANINGS.

Remarks on Cases of Vertigo, Reeling, and Vomiting, from Ear Disease. Under the care of Dr. HUGHLINGS JACKSON, at the London Hospital.

A man, thirty-one years of age, came to the out-patient room on August 1st, 1872, for attacks of auditory vertigo. The following account of his first attack may serve as a specimen. One day, about three months before his admission, he was, when walking home from work, attacked very suddenly by *swimming in the head;* he would have fallen, had he not sat down; he felt sick, and also very warm. A friend helped him, or he could not have walked home; when he looked at the ground it seemed to be going round. When home he took some carbonate of soda, and after this he *vomited.* He slept well that night, and next morning felt well, except for a nasty taste in his mouth. He had several attacks of essentially the same kind afterwards. Such a set of symptoms coming on paroxysmally suggested disease of the ear. It is worth while mentioning that the patient said there was nothing the matter with his hearing; but, oddly enough, it was found that he could not hear at all on the right side; and, before the examination of it, it was plain that the right ear was very defective, as was shown by his promptly turning his head to place his left ear towards those who spoke to him. Twelve months before he had put a piece of tobacco soaked in rum into the right ear, for the relief of toothache. The syringe brought away a large plug of wax, with bits of tobacco. After this he heard very much better, but there was still some deafness. A plug of wax in the external meatus would be a sufficient cause for the attacks the patient had; but he had another attack, although a slight one, after the meatus had been thoroughly cleared out.

Such cases have long been described; they have been described very recently and most ably by Knapp (*Archives of Ophthalmology and Otology*, vol. ii. No. 1). But it is not widely known that ear disease gives a sufficient explanation of the group of grave nervous symptoms mentioned. The tendency is to put down the giddiness, reeling, and vomiting, to disorder of the digestive organs, and especially to some affection of the liver. But in the above reported case and in many others, there is no dyspepsia, and no evidence at all of liver affection. It is not

denied that there is *a vertigo a stomacho læso;* but it is asserted that, of the numerous causes of vertigo, aural disease is a very important one. The "bilious vomiting" is what misleads so very often in diagnosis. Bilious vomiting is, however, of no particular value as evidence of disease of the liver. Bile will always be found in the ejecta after long-continued and urgent vomiting, however caused And as to vomiting itself, it is a symptom which is found under the most different circumstances; it is found with cerebral tumour, renal calculus, Bright's disease, and, as we see, with aural disease. Those who would not accept the explanation of the dependence of vomiting, reeling, and vertigo on ear disease, are at any rate bound to examine the ears of the patients who suffer those symptoms; if they do, they will be struck by the frequent coincidence of noises in the ear, deafness, etc., with the paroxysmal occurrence of the symptoms mentioned.

The affection of the ear varies in its nature. Meniere, who first described this group of symptoms, supposed the semicircular canals to be in fault. It is well known that the auditory nerve supplies two parts, the cochlea and the semicircular canals. The cochlea is for hearing, the canals (according to Goltz) for regulating movements of the head and trunk. It is certainly a fact that injury of these canals in lower animals produces disorderly movements, and, as stated, Meniere believed that injury of them by disease in man produces the disorderly movement of reeling (vertigo is rudimentary or incipient disorder of movement). But it is enough if the contents of the semicircular canals be interfered with indirectly; for example, if they be subjected to increased pressure from disease in the tympanic cavity. But, as Knapp says, the deafness shows that the cochlea must be affected as well; at any rate, the accepted theory is that the cochlea only is for hearing (Helmholtz supposes the cochlea to be the part for musical sounds, the semicircular canals for noises). Knapp has observed in some cases of Meniere's disease what he calls a contraction of the field of audition (analogous to contraction of the field of vision); there is, in other words, deafness for certain groups of musical sounds, and this, Knapp considers, is positive proof that the cochlea is implicated in addition to the semicircular canals.

Dr. Hughlings Jackson thinks that the function of the "canal" division of the auditory nerve is for the regulation of intervals of movements (for more automatic movements occurring in the intervals of a succession of voluntary movements). Hence the association with the other division for musical sounds; both divisions are in action in dancing to music. He believes that the symptoms of sea-sickness may be explained on the supposition that the contents of the semicircular canals are rudely dealt with in the unaccustomed movements of sailing on a rough sea.—*Lancet*, Sept. 6, 1873.

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Treatment of Thoracic Aneurism by Electro-puncture.—The patient with thoracic aneurism, whom Mr. Beck has been treating by means of electro-puncture, died on the night of the 28d of September. He was suffering from a large and rapidly gowing aneurism of the descending aorta, which not only caused bulging of the lower ribs on the left side, but had eroded several of them, and gave rise to a pulsating tumour just below the angle of the scapula. Mr. Beck first operated on the 2d instant; he inserted the wires into the most prominent part of the tumour, and passed the current between them for about an hour and a quarter. The effect, as we stated in the *Medical News* for October, was very encouraging; the tumour became decidedly firmer, the impulse less heaving, and the pain was greatly diminished; there was no irritation about the seat of puncture. This improvement lasted five or six days, when the impulse became stronger, and the tumour began again to enlarge. On the 10th, Mr. Beck repeated the operation; but this time the improvement was but slight, and of a still more fugitive character. A few days afterwards, it was found that some inflammation had been set up round one of the punctures; and, on pressure, a small quantity of pus escaped. The aneurism, though it never became absolutely diffused, now spread

rapidly under the skin of the back, and it was found that the dulness was extending upwards over the left side of the chest; that the heart was being pushed more and more to the right, and the lung becoming compressed. The aneurism, as the necropsy showed, had burst into the left pleura. The patient gradually sank, and died of exhaustion. Before death, the skin round the inflamed puncture had become quite dark and gangrenous. The lesson from this case is, that treatment by electricity must be commenced at an early period of the disease, in order to give any prospect of success. That it does induce extensive coagulation in the sac, seems evident; and it is very desirable that any method which gives reasonable hopes of curing what has hitherto been a necessarily fatal disease, should be thoroughly tried before being condemned.—*Brit. Med. Journ.*, Sept. 27, 1873.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Needle Swallowed by a Child—Removed Six Months Afterwards from the Thigh. By B. SCHERMERHORN, M.D., of Buskirk's Bridge, N. Y.—Emma S., a child of fourteen months, was brought to me June 18, 1873, by its parents, who gave the following history. About six months ago the child swallowed an ordinary sewing needle which lodged in the throat, and was pushed downward with a swab in the hands of its grandmother. From that time until about a month since it gave the child no trouble; since then it has been more or less worrisome and fretful, and during the last night before being brought to me it cried the whole time. Upon dressing the little one in the morning the mother's attention was drawn to a little elevation of the skin, like a pimple, upon the outer aspect of the left thigh, midway between the knee and hip-joint. Thinking of the needle they came with the child to my office, and after laying open the cuticle I removed a needle an inch and a quarter in length, which lay with its eye to the surface.

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Treatment of Sore Nipples.—Dr. FORDYCE BARKER, in a recent clinical lecture on this subject (*Medical Record*, Sept. 15, 1873), advises that the woman be allowed to completely recover from the fatigue of confinement before applying the child to the nipple.

The first stage of parturition is that of exhaustion. The whole effort of the system has been used to accomplish this result, and so complete is the exhaustion, that it is very commonly manifested by nervous chills. If the woman is permitted to get a few hours of sleep, her exhausted nerve-power will be restored, and *then* is the time to direct that the child should be placed to the breast.

The main reason for this is, the breast is not now distended, and the nipple is easier drawn out. The traction excites the more rapid secretion from the breast, and the first secretions from the breast are of great benefit to the child as a laxative, being its first proper food. It is then that the nipple can be more readily grasped by the child, and properly formed. If, however, you wait until the secretion of milk has taken place, and the breast has become distended, before applying the child, the distension itself causes obstruction to a free flow through the ducts, and the nipple and breast may become a very great source of irritation.

There are some cases in which the nipple congenitally is so short that the child cannot get hold, and it must be drawn out by some mechanical appliance. The most common method resorted to for accomplishing this is the old-fashioned application of a bottle, which has been filled with hot water and emptied, and the use of the breast-pump.

A few words with regard to breast-pumps. Most of them are constructed upon principles utterly devoid of common sense. Most of them have so small an opening in the part applied to the breast that the nipple is constricted, and the milk cannot flow at all after the first two or three exhaustions of the instrument.

The essential requisite for an efficient breast-pump is a large bell-shaped extremity, so that the nipple is not at all constricted by the narrow diameter which is applied over it.

The pump which meets the indications

most satisfactorily, and which has come to my notice, is what is called Mattson's breast-pump, and it is a most excellent instrument.

With regard to treatment of the sore nipples, the following are the rules which chiefly govern me in the management of these cases: If the nipple is inflamed, apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipple that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean.

The application must also be washed off every time before the child nurses. It is almost a specific, when properly used, against excoriations and ulcerations. If the tendency is quite strong to sore nipples, the solution may be used of the strength of 15 grs. to the ounce, or even ℈j; but as a rule the 10 gr. solution is sufficient. Next, where the cuticle is demanded, and we have a raw surface, or it becomes so irritated that there is a tendency to an abrasion, the indication is to form an artificial cuticle, which will entirely protect the parts, and yet permit the milk to pass through it.

For this purpose collodion has been extensively used. The objection to the collodion is this, that it contracts as it dries, and thus itself becomes a source of superficial irritation and discomfort, and does not readily permit the flow of the milk. I have used for this purpose, and with the most satisfactory results, the compound tincture of benzoin. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply four or five coats of this tincture.

The first application may produce some burning, but when once applied this will be entirely overlooked, and the woman will desire its reapplication. This forms a most excellent artificial cuticle, and at the same time permits the flow of milk without obstruction. Cicatrization will take place under this coating, and the patient will thank you for the benefit received. When the fissure is at the base of the nipple, very small it may be, but accompanied by the most severe and agonizing pain, the most satisfactory method of management is to touch the fissure with a fine point of nitrate of silver, and apply over this the comp. tincture of benzoin as before.

When the inflammation and ulceration have gone on to such an extent as to destroy the surface of the nipple, and there is danger of the inflammation extending back to the mammary gland, do not allow your patient to torture herself by allowing the child to nurse. Remove the child entirely, and empty the breasts by the breast-pump or by rubbing.

I then use as an application in these cases the following:—

℞. Rose ointment..... ℥j.
Carb. magnesia..... ℈j.
Calomel..... gr. xxx.
M.

These ingredients should be rubbed together very carefully, and it should be freshly prepared, perhaps every twenty-four or thirty-six hours. If the child is permitted to nurse at all, it should be done entirely through an artificial shield, and the best shield is one made of the cow's teat. The objection to the India-rubber shields is, that there is an offensive odor emitted from them, and they are very apt to make the child's mouth sore.

If, however, it becomes necessary to use the shields which are in the market, in selecting them get a broad base, what is called the L-shaped glass, in the same manner as in the selection of the breast-pump. The ordinary nipple-shields seen in the stores are simply abominable.

Resection at Hip-joint; Fracture of Femur.—Dr. F. H. Hamilton, at a recent meeting of the New York Pathological Society (*Med. Record*, Aug. 1, 1873), presented the head, neck, and trochanter major of a femur resected at Bellevue Hospital before the class, April 12, 1873. The patient was a boy, æt. seven, who had morbus coxæ in its third stage. He was now progressing favourably toward recovery. The only point of special interest in the case was the fact that, while employing a slight amount of leverage to disarticulate the

bone, the femur broke near its middle. He was surprised how little force was requisite to break the femur under these circumstances; and as he had not seen any allusion to this danger in the surgical treatises, he thought it important that he should call the attention of surgeons to the matter. The fracture was transverse, and under the support of pasteboard splints it united speedily without deformity.

Dr. Sayre said this accident had happened in two cases while he was operating.

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The Physician's Visiting List.—Messrs. LINDSAY & BLAKISTON, of Philadelphia, have just issued their *Physician's Visiting List* for 1874. The fact that this little work has reached the twenty-third year of its publication is convincing proof of its value to the profession.

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OBITUARY RECORD.—Died, at West Chester, Pa., September 11, in the 70th year of his age, WILMER WORTHINGTON, M.D., an eminent practitioner and an excellent, amiable, and high-minded gentleman. Dr. W. enjoyed the confidence of his numerous patients and the esteem and respect of all who knew him. He was successively President of the Pennsylvania State Medical Society, a member of the Pennsylvania Assembly, the Speaker of the Senate, Surveyor of the Port of Philadelphia, and Secretary of the Board of State Charities, which last position he held at the time of his death.

——, September 9th, of apoplexy, GEO. W. BAYLESS, M.D., Prof. of the Principles and Practice of Surgery in the Medical Department of the University of Louisville.

——, suddenly, in Washington, D. C., Sept. 20th, aged 67, Dr. THOMAS MILLER, Emeritus Professor of Anatomy and Physiology in the Columbia College, and a prominent practitioner of the District of Columbia.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—A case of this has recently occurred at Guy's Hospital. The patient was a male aged 37, admitted under the care of Dr. Fagge, with an enlargement of the liver, the nature of which was not clear. Mr. Turner administered chloroform by Dr. Fagge's desire, with a view to the exploration of the tumour by puncture. The patient went on well until the conclusion of the convulsive stage, the pulse being fair and the respiration good. At this point the pulse suddenly failed, the patient turned blue, and gasped. Restorative measures were immediately employed, but without success, though artificial respiration and galvanism were continued for nearly an hour. By *post-mortem* examination, the liver was found greatly enlarged, lardaceous, and containing numerous gummatous masses, and closely adherent to the diaphragm. The heart was apparently healthy.—*Brit. Med. Journ.*, Sept. 13, 1873.

Another case is recorded in the *Medical Times and Gazette* (July 12, 1873). On June 28, Ann T., aged 45, consulted Δ (who reports the case), concerning a fracture of her right arm received twenty-five days before. It was intended to place the joint on a bent splint, and as any movement of the joint caused great pain, one drachm of chloroform was given. In about two minutes, the woman not being in the slightest degree insensible, a second portion, about one drachm, was poured on the handkerchief. In about two minutes her struggles ceased, the pulse remaining good. The handkerchief was removed from the face and two pulls were given to reduce the dislocation of the radius, when it was noticed that the woman's face was livid, her pupils dilated. No pulse could be felt at the wrist, and her breathing had ceased. Artificial respiration was fruitless.

The *British Medical Journal* for Sept. 27, 1873, records the death on the 9th of September, from the inhalation of chloroform, of Mr. James Cruickshanks, a practitioner of medicine of Ayton, Berwickshire. Unfortunately he had for several years habituated himself to the occasional use of chloroform for the relief of fatigue or other uneasiness, although seriously warned of the danger of the practice by a medical friend. On the morning of the 10th instant, he was found in his ordinary dress,

lying on his face across his bed, cold and stiff, death having evidently taken place at least twelve hours previously. A two-ounce bottle, still containing about two drachms of chloroform, was beside him. It appears that he had retired to this room shortly after dinner on the 9th; and the contents of the stomach having been vomited, his face lay in a mass of undigested food, which, in his state of insensibility, produced suffocation. He was about 45 years of age.

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On a Case of Syncope following the Inhalation of Chloroform.—Mr. Henry Smith, Surgeon to King's College Hospital, London, reports (*Lancet*, July 26, 1873) the following interesting case, which is another illustration of the grave responsibility the surgeon assumes in administering *chloroform* by inhalation.

A gentleman, aged thirty-five, who had resided in India for some time, and who had become quite blanched through bleeding from the rectum, consulted Mr. Smith, who gives the following report of the case:—

I found that this loss of blood resulted from two internal hæmorrhoidal tumours, which I resolved to remove. The patient was in a very weak state; but it was not considered desirable that he should submit to any further loss of blood, and a few days after I proceeded to operate with the clamp and cautery. A most careful and experienced chloroformist administered the agent by means of lint—in my private practice I will not permit the employment of any other method if I can help it—he, at my special request, being doubly careful in watching the chloroform, as the patient was so feeble. The operation was proceeded with and completed in a few minutes without any loss of blood; and the patient so far recovered from unconsciousness as to commence talking and laughing somewhat loudly, but I did not notice if he raised his head from the pillow. The talking ceased, and suddenly we found the man apparently dead, without pulse or breathing. We rapidly set to work to restore animation by the usual methods—violently slapping the chest and face, and for a moment it appeared with success, a slight movement of the chest following; but vigorously as we pursued these methods, the deathly pallor increased if possible, and we all felt convinced the man was dead. We then practised Silvester's method, but without avail until the finger was thrust down the throat on to the top of the glottis. This excited a slight quiver. Our energies were redoubled, and slowly we had the inexpressible pleasure of seeing our patient emerge from the most dangerous position I have ever seen a human being get out of.

I think it right to note this case, of which I have never seen the like before. I have had in my own practice four cases where the most imminent danger arose from the exhibition of chloroform, and I have seen three or four others where the recovery was marvellous; but this was the first case I have ever seen where the effects of chloroform had gone off, the patient had become sensible, and then sudden and most dangerous syncope had occurred.

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Treatment of Diphtheria.—Dr. Lolli, of Trieste (*Wiener Med. Zeit.*, July 8) states that while diphtheritis is very fatal in that city, he has lost less than two per cent. of his cases in consequence of the efficacy of the treatment he employs. He does not resort to cauterization, bleeding, purgatives, or emetics, save in very exceptional cases. He maintains the skin in a state of great activity from the very first, by keeping the patient in bed, and, if necessary, applying warm applications or mustard. These measures are continued until all local and general symptoms have disappeared. As the sole medicinal agent, he employs the following mixture in different concentration: Liq. calcis ℥iv ad lb. j, liq ferri sesquichl. ℈j ad ℥ij, phenic acid gr. j ad ℈j, mel. rosæ ℥j. With this he paints the fauces every two hours, and gives two spoonfuls of the same in water every two hours.—*Med. Times and Gaz.*, Aug. 16, 1873.

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Distilled Cherry-laurel Water as a Vehicle for Narcotic Injections.—M. Luton states that distilled cherry-laurel is the best vehicle for narcotic hypodermic injections

as morphia and atropia. It prevents mouldiness of the solution better than any other distilled water, and it does not irritate the tissues any more than common distilled water.—*La Tribune Médicale*, 14 Sept. 1873, from *Rep. de Pharm.*

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Liebig's Extract.—In a letter to Joseph Bennert, Dr. PETTENKOFER enters into an elaborate exposition, or rather vindication, of Liebig's extract. Like all alimentary novelties, that renowned preparation has had to fight its way into popular acceptance through at least two initial prejudices: first, a suspicion as to its wholesomeness, to use no stronger phrase; next, a scepticism as to its possessing any specific virtue whatever. Both these barriers the extractum carnis has at length surmounted, though three-and-twenty years have elapsed since its discoverer first produced it in the Royal Laboratory at Munich. How little its assailants understood the object of their attack may be inferred from the charges they brought against it. "The extract," said they, "containing as it does neither albuminoids, nor fat, nor hydrates of carbon, is not an alimentary substance." Of course it is not. It was precisely on the principle of eliminating from the extract every particle of albumen, of fat, even of gelatine, that Liebig proceeded. And with what result? To produce, not an alimentary substance strictly so called, but a condiment which has a distinct and unique place in dietetics. The *rôle* of condiments in the complex action of nutrition is but partially appreciated, and the most natural condiments are usually neglected for others much coarser, more stimulating, but really less efficacious. Voit, the most recent experimenter in dietetics, confirmed the popular impression that the flow of gastric juice to the walls of the stomach may be accelerated even by the sight of meat, as when he witnessed in a fasting dog, in which he had established a stomachic fistula, the immediate rise of the juice when he offered, without giving, the animal a bit of meat. Bouillon, he further maintained—warm and well-boiled bouillon—is the simplest and best digestive, and it is from this premise that Pettenkofer vindicates for the extract its paramount claims as a condiment. These it owes to the mixture of salts, different, indeed, but combined in definite proportions, in a ratio which the organism imperatively demands, and the slightest deviation from which would constitute a veritable impurity. No amount of the best meat can take the *rôle* of the extract any more than milk can play the part of cheese or butter. The product of Liebig is neither a nutrient nor an alimentary substance capable of economizing the albumen, the fat, or the carbo-hydrates; it is simply a condiment, but one of such efficacy that Pettenkofer does not hesitate to anticipate for it the chief place among such aids to digestion, not only in the sick-room, but in common everyday life. It has served him as a text for a very instructive essay on nutrition in general, and though much that he says is recapitulation, it is recapitulation of a kind that has a novelty of its own from the clear and discriminating eye he passes along the series of discoveries bearing on the physiology and application of food.—*Lancet*, Sept. 30th, 1873.

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Treatment and Utilization of Sewage.—The following are the conclusions of the Committee of the British Association for the Advancement of Science in regard to this most important sanitary subject:—

"I. All conservancy plans, including midden, heap, and cesspool systems, dry ash, and dry earth closets, pail closets, etc., are quite incompetent as solutions of the general question of the removal of the refuse matters of a population; they only deal with a small part of the liquid manure; towns which resort to one of them require to be sewered, and the sewage requires to be purified. The manure produced is in all cases (except in that of simple pails or tubs, where no extraneous materials are added) poor, and will only bear the cost of carriage to a short distance, taking into consideration the cost of collection, that produced by the dry earth system being, even after the earth has been used three times over, merely a good garden mould. Moreover, these plans all violate one of the most important of sanitary laws, which is that all

refuse matters which are liable to become injurious to health should be removed instantly, and then to be dealt with afterwards. With all these plans it is an obvious advantage on the score of economy to keep the refuse about the premises as long as possible, and the use of deodorants of various sorts, or even of disinfectants, proves that this is the case, and that these systems all depend upon a fallacious principle. They should therefore be discouraged as much as possible, and only resorted to as temporary expedients, or with small populations, in very exceptional instances.

"II. The water-carriage system, on the other hand, is based upon a sound principle—that of removing all the refuse matters at once and in the cheapest possible manner by gravitation—and ought to be resorted to in all but the most exceptional cases. The opinion of the committee that all sewers should be made of impervious materials, and that separate drains to dry the subsoil should be constructed where necessary, has already been most emphatically expressed. The freest possible ventilation of sewers, house drains, and soil pipes, in order to prevent accumulations of foul air, is also essential. With regard to the utilization of the sewage, the Committee has come to the conclusion that the precipitation processes that it has examined are all incompetent, and necessarily so, to effect more than a separation of a small part of the valuable ingredients of sewage, and that only a partial purification is effected by them. Some of them may, however, be useful as methods of effecting a more rapid and complete separation of the sewage sludge.

"The upward filtration process only effects a clarification of the sewage, and is therefore no solution of the question.

"By properly conducted sewage irrigation a solution is afforded to the question of sewage utilization. It has already been stated that a precipitation process, or some clarifying process, may be found useful. In all instances it is essential that the land should be well underdrained, and that the sewage should all pass through the soil and not merely over it; otherwise, it has been shown, it will only occasionally be satisfactorily purified. The catch-water, or, as the Committee has termed it, the "supersaturation" principle, is not defensible either on agricultural, chemical, or sanitary principles; an irrigation farm should therefore carry out intermittent downward filtration on a large scale, so that the sewage may be always throughly purified, while, at the same time, the maximum of utilization is obtained.

"It is certain that all kinds of crops may be grown with sewage, so that the farmer can grow such as he can best sell. Nevertheless, the staple crops must be cattle food, with occasional crops of corn; and it is also certain from the analysis of the soil that it has become very much richer, and that the manurial constituents of the sewage accumulate in it. Cattle should be fed on the farm, which leads to a vast increase in the production of meat and milk—the great desiderata of the population producing the sewage. Thus the system of farming must be specialized and capital concentrated, the absence of which conditions has proved a great barrier to the satisfactory practical solution of the sewage question.

"In reference to the influence of sewage farms upon the public health, the following important information is given: The Committee has not been able to trace any ill effects to the health of the persons living around sewage farms, even when badly conducted; nor is there any proof whatever that vegetables grown thereon are in any way inferior to those grown with other manure. On the contrary, there is plenty of evidence that such vegetables are perfectly suited for the food of man and beast, and that the milk given by cows fed on sewaged grass is perfectly wholesome. Thus Mr. Dyke, Medical Officer of Health for Merthyr Tydfil, states that since the abundant supply of milk from the cows fed on irrigated grass the children's mortality has decreased from 48, 50, and 52 per cent. of the total deaths to only 39 per cent., and that so far from diarrhœa having been made more prevalent by the use of sewaged cabbages, 'last year the Registrar-

General called attention to the fact that diarrhœa was less prevalent in Merthyr than in any place in England and Wales.' And he expressed his belief in the 'perfect salubrity of the vegetable food so grown.'

"With regard to the assumption which has been made that entozoic disease would be propagated by irrigation, all the evidence that the country has been able to collect, and more especially the positive facts obtained by experiments, are against such an idea; and the Committee is of opinion that such disease will certainly not be more readily propagated by sewage irrigation than by the use of human refuse as manure in any other way, and probably less if the precaution be taken of not allowing the animals to graze, but always having the grass cut and carried to them."—*Med. Times and Gaz.*, Sept. 27, 1873.

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Marini's Anatomical Preparations.—Among the most curious things at the Vienna Exhibition are the anatomical preparations of Dr. Marini, of Naples, showing how various parts may be preserved for years in an extraordinary manner. The freshness which a portion of, or a whole, subject may exhibit is astonishing. For example, a foot prepared at Paris in 1864, and bearing Professor Sappey's voucher, remained quite unaltered; and on making an incision into it the subjacent parts looked as fresh as those of a person just dead. The fatty tissue presents its ordinary aspect, and the tendons have their pearly lustre. The tissues, moreover, retain their transparency, and viewed in the dark before a light, their different layers and the position of the bones are distinguishable. By one of his processes Dr. Marini produces what he calls the "coriaceous" condition, in which the tissues are hard and without transparency, but on being placed in water recover all their freshness. A portion of such a preparation made in 1863, exhibited before the jury, had all the appearance of being part of a recent corpse. It will be remembered that at the Paris Exhibition of 1867, M. Brunetti obtained the grand prize for his preparations made by the agency of tannic acid; but these, although exhibiting the natural forms, were dry and hard. At present M. Marini keeps his procedure a secret. Another ingenious procedure is only employed for embalming and what he calls petrifaction. By this means Thalberg has been preserved in a "fresh" state for the adornment of his widow's drawing-room. That property of electricity has been utilized by which it transports certain salts, molecule by molecule, to one of the poles, and eliminates others, so that the tissues to their ultimate cellular terminations become penetrated with insoluble salts, while the general form is preserved. Signor Daffito, a former préfet of Naples, was recently so embalmed, and as it is a long process, Dr. Marini, in order not to have to go to the cemetery every day while it was going on, attached a small electrical bell, which sounded as long as the electrical current continued, desiring the keeper of the cemetery to let him know when it ceased ringing. The popular imagination became aroused, and it was asserted that the devil in person was ringing the confessional bell in the ears of the defunct préfet—he having died without extreme unction, and having had only civil burial."—*Med. Times and Gaz.*, September 6, 1873, from *Lyon Méuicale.*

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Obituary Record.—Died, in Paris, September 20, 1873, in the 66th year of his age, of heart disease, Auguste Nélaton, Surgeon in Ordinary to the late Emperor Napoleon, and one of the most eminent surgeons of the age. Dr. Nélaton held many honourable positions. In 1851 he was appointed Professor of Clinical Surgery, which he held until 1867, when he was made honourary professor. He was a member of the Institute and of the Academy of Medicine, Commander of the Legion of Honour, and was appointed by Napoleon III. a Senator.

——, September, M. Coste, Professor of Physiology in the College of France, in the 66th year of his age. M. C. is well known by his researches in embryology, and for his successful efforts in promoting pisciculture and astriculture in France.

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